

2001 UNIFORM BUSINESS REPORT (UBR)

3/

FILED
Apr 03, 2001 8:00 am
Secretary of State

03-21-2001 90026 028 ***150.00

DOCUMENT # P96000019585

1. Entity Name

JAY MAR SHELVING INC.

Principal Place of Business

Mailing Address

4753 NW 103RD AVE
SUNRISE FL 33351
US

7000 W. PALMETTO PARK ROAD
STE 200
BOCA RATON FL 33433-3425
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Andrew L. Mann, P.A.
4300 N. University Drive
Fort Lauderdale, FL 33351

City & State

Zip

Country

4. FEI Number **65-0649351**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GARELLEK, STEVEN
7000 W. PALMETTO PARK ROAD
STE 200
BOCA RATON FL 33433-3425

Name

Street

City

Andrew L. Mann, P.A.
4300 N. University Drive
Fort Lauderdale, FL 33351

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

ANDREW L. MANN, P.A.

SIGNATURE

Andrew L. Mann, President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

3/30/01

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	BIRMAN, PERRY	
STREET ADDRESS	12235 ROCKLEDGE CIRCLE	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

Perry Birman
SIGNATURE AND TYPED OR PRINTED NAME OF BEGINNING OFFICER OR DIRECTOR

PERRY BIRMAN

3-19-01

Date

(954) 748-0800

Daytime Phone #

CR2E034 (10/00)